



# Howard County Department of Recreation and Parks



## Volunteer Handbook

*Making a difference!*





## HOWARD COUNTY DEPARTMENT OF RECREATION & PARKS

7120 Oakland Mills Road



Columbia, Maryland 21046



410-313-4640

John R. Byrd, Director  
jbyrd@howardcountymd.gov

FAX 410-313-1699  
TDD 410-313-2323

Dear Volunteer:

I would like to welcome you to the volunteer programs of the Department of Recreation and Parks. We have a rich tradition in utilizing Howard County's committed volunteers in a diverse and beneficial way so that your participation will increase the quality of our program offerings and facilities. The opportunities are endless for you to assist us in the delivery of Recreation and Parks programs to all Howard County citizens. The commitment that you have made represents a willingness to improve your community now and in the future. The time that you have committed represents the belief that volunteering will improve the quality of life in our community.

The volunteer program plays a major role in the Recreation and Parks operation. The Department of Recreation and Parks and its staff are eager to begin working with you. I would like to sincerely thank you for your generous donation of your time and experience.

By reading this manual, you will become knowledgeable of the Department of Recreation and Parks system and hopefully the manual will answer most of the questions you may have concerning our department.

Again, I would like to thank you for volunteering your time and experience.

Sincerely,

John R. Byrd  
Director

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# MISSION STATEMENT

## Our Mission

Howard County Department of Recreation and Parks (HCRP) uses a TEAM approach to provide a high quality recreation and parks system that promotes opportunities for all Howard County residents to pursue safe and enjoyable leisure activities in balance with the protection and conservation of natural resources.

## Our Vision

As a nationally accredited Department of Recreation and Parks is to promote the health and well being of the community by providing recreation and leisure programs and services for residents of all ages and abilities and to serve as model stewards of the environment by wisely managing, protecting and conserving our natural resources.

## Accreditation

Howard County Recreation and Parks is accredited through the Commission for Accreditation of Park and Recreation Agencies (CAPRA). To achieve accreditation, the department was required to meet over 150 standards covering all operations contained in leisure services. These professional standards serve as an aid for improving performance and maintaining quality. They provide park and recreation agencies with an ability to evaluate their operation, while achieving and maintaining a level of efficiency and effectiveness. Howard County Recreation and Parks achieved accreditation in 2001 and reaccreditation in 2006.



## THE DEPARTMENT AT A GLANCE...

The Department of Recreation and Parks was established in 1968 by county charter to plan and provide recreational programs, parks and facilities for your enjoyment. Howard County's Recreation and Parks and Open Space Master Plan set forth guidelines for developing county, community and neighborhood parks, preserving open space and historic sites and designing sites and recreation activities and facilities to serve the citizens of Howard County. Our mission is to utilize a TEAM approach to provide a high quality recreation and park system that promotes opportunities for all Howard County residents to pursue safe and enjoyable leisure activities in balance with protection and conservation of natural resources.

**The Office of the Director** provides overall administration of programs and facilities, including land acquisition, grant applications, procurement, budgeting, planning, development and management.

**The Recreation and Parks Advisory Board** provides a forum where you can voice your views on facilities and programs. Citizens are welcome at meetings of this advisory board held the third Wednesday of each month.

**The Bureau of Parks and Program Services** provides management, maintenance, operation and construction services for county owned park land, open space and facilities.

**Park Renovations & Building Maintenance Division** is responsible for renovating park buildings, building playgrounds and bridges, repairing pathways, restoring tennis courts and various other tasks utilizing a broad range of skilled trades.

**The Horticulture and Land Management Division** is responsible for park horticulture including award winning wildflower planting, turf management and refuse collection and maintains the grounds of all the government buildings.

**The Natural Resources Division** is responsible for the Reforestation program; and, in county owned open space, management of wildlife habitat and wetlands and stream-bank stabilization.

**The Parks Operations Division** manages and operates all of the parks including the regional parks: Centennial, Cedar Lane, Rockburn Branch, Schooley Mill and Western Regional. The Division maintains sports fields, conservation area and nature trails: controls erosion. Park Operations is also responsible for preserving, conserving and interpreting the heritage of Howard County as reflected in the diverse historic and cultural resources comprising our park system.

**The Bureau of Recreation and Administrative Services** provides diverse leisure opportunities for all regardless of age or ability.

**The Recreation Services Division** is responsible for managing volunteer placements, planning and supervising trips and tours, festivals, concerts and general activities, (including arts, crafts, dance, and self-enhancement) programs for all ages.

**The Sports and Adventure Services Division** is responsible for planning and supervising sports, nature, adventure, fitness, coaching, concession, and martial arts programs for all ages.

**The Administrative Services Division** is responsible for overall customer service, publications, marketing, registration, technology and supplies.

**The Recreational Licensed Childcare Division** is responsible for providing childcare for preschool and school age children. Therapeutic Recreation programs are a part of this division.

## **STAFF**

The following chart includes telephone numbers and titles for staff. **If illness or an emergency will cause you to miss a program, it is imperative that you contact your immediate manager.** If you are unable to reach him/her, please call one of the Division Superintendents or the Bureau Chief.

|  |              |
|--|--------------|
| <b>John R. Byrd</b> , Director, Recreation and Parks.....                  | 410-313-4640 |
| <b>Laura T. Wetherald</b> , Chief, Bureau of Recreation & Adm. Services... | 410-313-4640 |
| Vacant, Bureau of Parks and Programs .....                                 | 410-313-4640 |
| <b>Capital Projects and Park Planning Division</b>                         |              |
| <b>Raul Delorme</b> , Superintendent.....                                  | 410-313-4685 |

## **COMMUNITY CENTERS**

### **Gary J. Arthur Community Center at Glenwood**

|   |               |
|---|---------------|
| <b>Summer Fiala</b> , Facility Director .....         | 410-313-4844  |
| <b>Vacant</b> , Recreation Coordinator .....          | 410--313-4843 |
| <b>General Information</b> .....                      | 410-313-4840  |
| <b>Recorded Information / Inclement Weather</b> ..... | 410-313-4452  |

### **Kiwanis-Wallas Recreation Center**

|   |              |
|---|--------------|
| <b>Cathy Vigus</b> , Recreation Manager .....         | 410-313-7311 |
| <b>Recorded Information / Inclement Weather</b> ..... | 410-313-4452 |

### **Meadowbrook Athletic Complex**

|   |              |
|---|--------------|
| <b>Matthew Knoerlein</b> , Facility Director .....    | 410-313-1163 |
| <b>Tessa Hurd</b> , Recreation Coordinator .....      |              |
| <b>General Information</b> .....                      | 410-313-1611 |
| <b>Recorded Information / Inclement Weather</b> ..... | 410-313-4452 |

### **North Laurel Community Center**

|   |              |
|---|--------------|
| <b>Matt Madera</b> , Facility Director .....          | 410-313      |
| <b>Stepahnie Haas</b> , Recreation Supervisor .....   | 410--313     |
| <b>Todd Holmes</b> , Recreation Coordinator .....     | 410-313      |
| <b>General Information</b> .....                      | 410-313      |
| <b>Recorded Information / Inclement Weather</b> ..... | 410-313-4452 |

**Roger Carter Recreation Center**

**Julija Sajauskas**, Facility Supervisor ..... 410-313-2765  
**General Information** ..... 410-313-2764

**RECREATION SERVICES DIVISION**

Carmen Faye, Administrative Support Technician 410-313-4620  
Kathy Kemp, Registration Support Technician 410-313-4654

**Superintendent**

**Phil Bryan** ..... 410-313-1668

**Adult Programs**

(vacant), Recreation Manager ..... 410-313-4630  
**Danielle Bassett**, Recreation Coordinator ..... 410-313-4634

**Early Childhood and Youth Programs**

**Adam Wienckowski**, Recreation Manager ..... 410-313-4714  
**Melissa Calleri**, Recreation Coordinator ..... 410-313-4721  
**Cindy Ochs**, Recreation Coordinator ..... 410-313-4681

**Teen and Grant-Funded Programs**

**Holly Harden**, Recreation Manager ..... 410-313-4625  
**Shawnte Berry**, Recreation Coordinator ..... 410-313-4704  
**Jennene Lausier**, Recreation Coordinator ..... 410-313-1693

**Special Events**

**Mary Ellen Baker**, Recreation Manager ..... 410-313-4632  
**Karen Bradley**, Recreation Supervisor ..... 410-313-4635  
**Linda Bell**, Recreation Leader ..... 410-313-4622

**Volunteers**

**Ann Combs**, Recreation Supervisor ..... 410-313-4624

**RECREATIONAL LICENSED CHILD CARE and COMMUNITY SERVICES DIVISION****Annex Office: 410-313-3706**

Vacant, Administrative Support Technician 410-313-3706  
Kathie Williams, Administrative Support Technician 410-313-3706  
Janet Fouke, Registration Support Technician 410-313-4651

**Superintendent**

**Barbara Moore** ..... 410-313-4723

**Joynel Young**, RLC Recreation Manager ..... 410-313-4717  
**Claudia Charity**, RLC Recreation Supervisor ..... 410-313-4636  
**Glen Turner**, RLC Recreation Supervisor ..... 410-313-4713  
**Stephanie Wise**, RLC Recreation Supervisor ..... 410-313-4712  
**Julia Martin**, RLC Recreation Coordinator ..... 410-313-1687  
**Brian Murphy**, RLC Recreation Coordinator ..... 410-313-4797  
**Shavon Pearson**, RLC Recreation Coordinator ..... 410-313-4633

**Therapeutic Recreation and Accommodation Services**

**Susan Potts**, Recreation Manager ..... 410-313-4628  
**Amy Patton**, Recreation Coordinator ..... 410-313-4708

**Adult 55+ Programs**

**Cathy Vigus**, Recreation Manager..... 410-313-7311  
**Cindy Saathoff**, Recreation Coordinator..... 410-313-7281  
(vacant), Registration Support Technician / Bain Center ... 410-313-7320

**Trips and Tours**

**Ginny Russ**, Recreation Coordinator ..... 410-313-7279

**SPORTS & ADVENTURE SERVICES DIVISION**

**Cheryl Barone**, Administrative Support Technician 410-313-4711  
**Freda Greenfield**, Registration Support Technician 410-313-4737

**Superintendent**

**Allan Harden** ..... 410-313-4652

**Community Sports and Partnerships**

**Mike Milani**, Recreation Manager ..... 410-313-4706  
**Will Dunmore**, Recreation Supervisor ..... 410-313-1697  
**Sandra Lambert**, Recreation Supervisor ..... 410-313-4715  
**Jean Shea**, Recreation Supervisor ..... 410-313-4626  
**Jake Chesnutt**, Recreation Coordinator ..... 410-313-4736  
**Patrick McGinnis**, Recreation Coordinator ..... 410-313-1689

**Sports Events and Wellness**

**Mike Blevins**, Recreation Manager ..... 410-313-1691

**Adult and Youth Leagues**

**Mark Pendleton**, Recreation Manager ..... 410-313-4703  
**Derek Ludlow**, Recreation Supervisor ..... 410-313-4716  
**Susan Markovitz**, Recreation Coordinator ..... 410-313-4674

**Fitness & Instructional Sports Programs**

**Nicola Morgal**, Recreation Manager ..... 410-313-4718  
**Adam Cullison**, Recreation Supervisor ..... 410-313-4705  
**Pam Honaker**, Recreation Coordinator ..... 410-313-1694  
**Carson Nickell**, Recreation Coordinator ..... 410-313-4637  
(vacant) Recreation Coordinator ..... 410-313-4720

**Outdoor and Adventure Programs**

**Dawn Thomas**, Recreation Manager ..... 410-313-4623  
**Vacant**, Recreation Coordinator ..... 410-313-4719



## **PARK OPERATIONS – REGIONAL PARKS**

Rachel Cesca, Administrative Support Technician 410-313-7271

### **Superintendent**

Jennie DeArmey ..... 410-313-4647

### **Heritage Programs**

Jacquelyn Galke, Recreation Supervisor ..... 410-313-5131

### **Zone 1 - Cedar Lane Park**

Neal Hollingshead, Zone Manager ..... 410-313-7398

### **Zone 2 - Centennial Park and Rockburn Branch Park**

Steve Schwarzman, Centennial Park Supervisor ..... 410-313-7256

Steve Reed, Rockburn Park Supervisor ..... 410-313-4999

### **Zone 3 - Schooley Mill Park and Western Regional Park**

Rick Femiano, Zone Manager ..... 410-313-6133

## **LAND MANAGEMENT AND NATURAL RESOURCES DIVISION**

Sharon Roberts, Office Assistant 410-313-1679

### **Superintendent**

Mark Raab, Superintendent ..... 410-313-4730

### **The James and Ann Robinson Nature Center**

Stacey Yankee, Director

### **Middle Patuxent Environmental Area**

Cheryl Farfaras, Natural Resources Manager ..... 410-313-4726

Jeff Claffy, Natural Resources Assistant Manager..... 410-313-6209

### **Natural Resources and Wildlife (other than deer) Management**

Brenda Belensky, Natural Resources Manager..... 410-313-4724

Sue Muller, Natural Resources Technician.....410-313-4697

### **Reforestation, Park Rangers, Open Space, GIS**

Dan McNamara, Natural Resources Operations Manager..... 410-313-4725

David Keane, Natural Resources Forester..... 410-313-1676

Anthony Tanner, Park Ranger.....410-313-4679

Kevin Vest, Park Ranger..... 410-313-4679

Charlie Peregoy, Natural Resources Specialist..... 410-313-1678

Dawn Poholsky, Natural Resources Technician..... 410-313-1677

### **Horticulture and Land Management Division**

Tim Overstreet, Superintendent..... 410-313-4732

### **Mowing**

Joann Frush Supervisor..... 410-313-47338

# VOLUNTEER OPPORTUNITIES

Our department offers a variety of volunteer positions. You can choose from a one day special event such as Wine in the Woods, to an on-going program such as Water Quality Monitoring. Opportunities are available working with pre-school children up to senior adults. Below are examples of volunteer opportunities available with our department:

|                                |                                |
|--------------------------------|--------------------------------|
| Blue Bird Monitor              | Hike Leader                    |
| Instructional Sports Assistant | Therapeutic Programs Assistant |
| Ski Trip Chaperone             | Trips and Tours Leader         |
| Cooking Class Assistant        | Race Monitor                   |
| Preschool Program Assistant    | Tutor                          |
| Park Planting                  | Special Events Assistant       |
| Wine in the Woods              | Fishing Tournament Assistant   |
| Senior Program Assistant       | Program Photographer           |
| Park Clean-up                  | Trail Maintenance              |
| Frog Watch – USA               | Sports Coaches                 |
| Child Care Aide                | Heritage Conservation Research |

## VOLUNTEER INFORMATION

As a volunteer with our department, you will be provided with a written position description for each position or assignment. This position description will provide the duties and requirements for the position qualifications, time commitment and required training. Please do not begin any volunteer assignment until you have received this information.

### **Age**

Volunteers must be at least 13 years of age. Those under the age of 18 must be supervised by an adult.

### **Attendance**

Our office hours are 8 a.m. – 5 p.m., Monday – Friday. In the event of sickness or a schedule change that prohibits your attendance at a scheduled assignment, please contact the direct supervisor of the program. Give as much notice as possible; in most cases a substitute must be found.

### **Benefits**

You may receive certain benefits, such as personal references, training and recognition. Other benefits are more personal and include the satisfaction of sharing your time and talent with others, making new friends, learning new skills and experiencing personal growth.

### **Conduct**

As a Howard County Department of Recreation and Parks volunteer, the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and deeds will help build our department and its reputation for quality. Your assignments may be outdoors, in an office or a school setting. Be sure your attire and actions are appropriate to your assignment and workplace. In dealing with Howard County citizens and program participants, you must be unfailingly polite and mannerly. It is not your role or responsibility to handle unhappy participants. Should you find yourself in a situation where courtesy is becoming difficult, please refer the matter

to the nearest responsible Recreation and Parks employee. Howard County complies with all laws about race, creed and religion. Just remember, in your interactions with others, to treat them as you would want to be treated.

### **Criminal Background Information**

It is the policy of Howard County Department of Recreation and Parks that all volunteers who provide direct service undergo a background check. Direct service is defined as leading activity programs, providing instruction, supporting special events, leading trips and tours, facilitating the involvement of participants with disabilities and coaching youth sports for more than three consecutive days. A background check may require that a volunteer be fingerprinted or undergo a social security/criminal screening check. A satisfactory background check result is required before the volunteer can begin the assignment.

### **Dismissal/Suspension**

Volunteers serve at the pleasure of the Appointing Authority or the Department /Agency (or their designee) and may be dismissed from volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause.

### **Drugs and Alcohol**

The County is committed to maintaining a work environment free of the taint of substance abuse, and requires all volunteers to not report to their work site while under the influence of drugs or alcohol. All volunteer should not purchase or consume alcohol while on-duty or in any attire which displays an insignia of the County. Any such behavior will result in immediate removal from a volunteer position. If you observe another volunteer doing so, you should report this immediately to the Volunteer Coordinator.

### **Income Taxes**

As a volunteer, you are eligible to claim your volunteer mileage to and from your volunteer site at the rate stated in the current tax law.

### **Liability**

Liability protection with respect to damages to third parties is available to you to the same extent as County employees under State Law (as long as you are acting within the scope of your duties as a volunteer.) **Howard County assumes no liability for personal injury or damage to personal property unless caused by the sole negligence of the county.**

### **Paperwork**

Certain paperwork is required to be on file with our department. For example:

|                         |  |
|-------------------------|--|
| <i>Application Form</i> | Must be completed for each new volunteer.  |
| <i>Time Cards</i>       | A record of your hours must to be completed<br>and forwarded to the Volunteer Coordinator.   |
| <i>Agreement</i>        | This form must be completed by all returning volunteers.   |
| <i>Evaluation</i>       | At the conclusion of your volunteer assignment, an evaluation may be<br>sent to you for completion. This provides us with information on |

your volunteer experience and will allow us to continue to improve our programs and services.

*Background Check Form* Must be completed when indicated.

### **Reference Checks**

Volunteer applicants must submit personal references. We reserve the right to check references before allowing volunteers to work in programs.

### **Safety**

Working conditions will be the same for volunteers as for staff. Our department will do its best to provide safe conditions and safety directions necessary to complete your assignment. In your position description, you will be informed of any attire and equipment required for your assignment. Always be aware of where you are and what you are doing and the person, if any, next to you. We count on you to be the best protector of your personal safety. Please let your supervisor or the Volunteer Coordinator know of any safety concerns that you may have. In this handbook, there are additional safety guidelines to follow when volunteering in a program with participants.

### **Supervision**

Volunteers must check in with the supervisor or program leader at the beginning of the program so that supervisors can keep a record of volunteer time and offer appropriate supervision.

### **Workplace Harassment**

The County is committed to maintaining a work environment in which all individuals are treated with respect and dignity. Volunteers have the right to work in an atmosphere which promotes equal opportunities and prohibits discriminatory practices, including harassment. Harassment, whether verbal, physical, non-verbal, or visual, arising in County owned facilities, at work assignments outside County owned facilities, or at County sponsored or endorsed functions, including social functions, is unacceptable and will not be tolerated. Such harassment is also illegal. Normal, courteous, mutually respectful, non-coercive interaction acceptable to and welcomed by both parties, however, is not considered harassment under the terms of the County policy.

The County encourages volunteers to promptly report all information concerning workplace harassment without regard to the identity of the harasser or victim. The County is committed to the prompt investigation of all complaints of harassment and prompt and effective remedial action to stop such conduct from occurring.

## **WEATHER EMERGENCY PLAN**

**If thunder and/or lightning can be heard and/or seen, stop activity and seek protective shelter immediately.**

**In situations where thunder and/or lightning may or may not be present yet you feel your hair stand on end and skin tingle, immediately assume the following crouched position: Drop to your knees, place your hands/arms on your legs and lower your head. Do not lie flat.**

**In the event that either situation should occur, allow 30 minutes to pass after the last sound of thunder and/or lightning strike prior to resuming play.**

The National Weather Service has stated that lightning can strike up to a distance of 10 miles, with storms traveling at a speed exceeding 50 miles per hour. However, thunder can be heard only

within a distance of 8 miles. Therefore, if you hear thunder and/or see lightning, you are in immediate danger and should seek protective shelter in an indoor facility at once! An indoor facility is recommended as the safest protective shelter. However, if an indoor facility is not available, the following guidelines are recommended. Avoid standing under large trees and telephone poles. If the only alternative is a tree, choose a small tree in a wooded area that is not on a hill. As a last alternative, find a ravine or valley. In all instances outdoors, assume the aforementioned crouched position. Avoid standing water and metal objects at all times (i.e., steering wheel, metal bleachers, metal cleats, umbrella, etc.).

The National Weather Service recommends that 30 minutes should pass after the last sound of thunder is heard and/or lightning strike is seen before resuming play. This is sufficient time to allow the storm to pass and move out of lightning strike range.

**inWS:** A free service by the National Weather Service that delivers immediate messages to you via text and email. Sign-up and create a customized profile at <http://inws.wrh.noaa.gov>

## **SAFETY**

The following guidelines are not all-inclusive; you must constantly work at insuring the safety of all participants.

**SURVEY** your area/site to look for potential hazards, dangerous situations, or equipment in need of repair.

**ALWAYS** think “safety first” when planning any event, trip or activity.

**FIRST** aid guidelines and procedures should be reviewed frequently with all staff and children. Everyone should know his/her role in the event of an emergency.

**EMPHASIZE** rules and procedures with all children on a daily basis. Good communication is essential to a safe situation.

**TRAVEL** carefully. Activities that involve leaving your site (walking or by bus) should be carried out with utmost care and consideration of all details.

**YOU** must deal with safety problems immediately. If the problem is one you cannot take care of personally, report it as soon as possible to your supervisor.

## **SAFETY PROCEDURES**

Making recreation facilities and programs as safe as possible is a primary responsibility of every leader. The preventive measure is the establishment of sound discipline at the beginning of your program. Strict enforcement of rules and regulations is essential.

**Rules of Safety:**

- Organize and lead activities which suit the ability of the participants, as well as the facility area.
- Provide adequate supervision for all activities at all times.
- Restrict activities to assigned areas.
- Use only facilities and equipment which has been previously checked and cleared of hazards.
- Know the proper use of all equipment.
- “Spot” participants if the activity is new to them.
- Try to anticipate and avoid any dangerous situations before beginning your program.

**Facility Rules:**

Inspect the facility and all equipment each day prior to the opening of the program and complete a Building Security Checklist, if requested by Custodial Staff or Recreation Coordinator.

- Clear all floor and playground surfaces of any stones or broken glass.
- Clear water fountain of any debris.
- Keep all chemicals (cleaners paint thinner, etc.) in a locked area or on a very high shelf, if no locked areas are available.
- Keep all children out of equipment areas at all times.
- Keep first-aid equipment and emergency phone numbers in an easily accessible location and keep \$.70 for emergency phone calls in a location known to all staff.
- Never leave participants unsupervised.
- Notify the Recreation and Parks supervisor immediately if any equipment prevents the safe use of school space.

## **EMERGENCY POLICIES AND NUMBERS**

1. In an emergency: Dial 911 (from 313 extensions, dial 9 +911)
2. Without delay, contact your immediate supervisor.
3. If you are unable to reach your immediate supervisor, contact the following people in the order listed until you reach someone:
  - Ann Combs, Volunteer Coordinator 410-313-4624
  - Phil Bryan, Manager Community Services 410-313-1668
  - Al Harden, Manager Sports and Adventure Services, 410-313-4652.
4. Poison Control: 410-528-7701. Identify the poison, if possible.
5. If you are locked out of a school, please contact your immediate supervisor.

## **ACCIDENTS AND MEDICAL EMERGENCIES**

If you are in doubt as to the seriousness of an injury, DO NOT move the injured person. Call 911 or (9+911) immediately for help.

*Minor Accident:* Administer only necessary standard first aid as described in First Aid Procedures for Common Injuries and Accidents. Contact your immediate supervisor. Complete an Accident/Injury Report form and submit it to your recreation coordinator within 24 hours. Coaches generally administer first aid to their players; you should see that an Accident/Injury Report form is submitted in all cases.

*Serious Accident:* First treat breathing, serious bleeding and poisoning; then administer first aid as described in First Aid Procedures for Common Injuries and Accidents. Send a responsible person to call the ambulance (dial 911) and give proper information (name, location, access entrance, type of injury, need for special equipment). Notify the Recreation Department as soon as possible after the accident. See Staff Chart for phone numbers. Complete an Accident/Injury Report form and submit it to the Recreation Coordinator within 24 hours of the accident. Only necessary information should be given out during an emergency. **DO NOT GIVE OUT UNNECESSARY INFORMATION.** Under NO circumstances should you advise anyone that the Department of Recreation and Parks will pay the bills. In case of minors, notify the child's parents or other person listed on registration list. If the injured child (under 18) is taken to a hospital by ambulance, ask the paramedics where they are going; communicate this information to the parent as soon as possible because the child cannot be treated without parental permission unless it is a life and death emergency.

*Non-Medical Emergencies:* In the case of non-medical emergencies, call the Howard County Police at 911. Notify the recreation coordinator immediately. Complete an Accident/Incident Report form.

## **INCLEMENT WEATHER POLICY**

The inclement weather policy is as follows:

If school is closed early due to inclement weather, all after-school and evening programs are automatically canceled.

On weekends, if the snow emergency plan is in effect for Howard County by 7 a.m., all programs will be canceled for that day and evening. Programs held in non-school facilities (i.e. Kiwanis-Wallas, Roger Carter Recreation Center, Glenwood Community Center, Schooley Mill Recreation Center) have the option to operate as scheduled, provide that the snow emergency plan has been lifted in Howard County before the program starting time (decision must be approved by your immediate supervisor and appropriate communication placed on the automated answering system).

In inclement weather, call one of the following numbers Monday-Friday after 4 p.m. (on weekends after 7 a.m.) for a recorded announcement about program changes and cancellations or for field conditions:

|  |              |
|--|--------------|
| Recreation Program Changes and Cancellations | 410-313-4451 |
| Recreational Licensed Child Care             | 410-313-4451 |
| Age60+ and Therapeutic Recreation            | 410-313-4451 |
| Special Events                               | 410-313-4451 |
| Sports (non-field conditions)                | 410-313-4451 |
| Outdoor Recreation                           | 410-313-4451 |
| Facilities                                   | 410-313-4452 |

**For ball field conditions**

|  |              |
|--|--------------|
| Alpha Ridge Park   | 410-313-4372 |
| Cedar Lane Park  | 410-313-4453 |
| Centennial Park  | 410-313-4454 |
| Rockburn Branch Park/Waterloo Park/Dog Park              | 410-313-4455 |
| Savage Park/Guilford Park/E. Columbia Library fields     | 410-313-4456 |
| Schooley Mill Park                                       | 410-313-4458 |
| Western Regional Park                                    | 410-313-4372 |
| Dickinson/Hammond/Hawthorne/Huntington/Martin Road Parks | 410-313-4459 |
| Cypressmede/Hollifield/Rockland Arts Center              | 410-313-4457 |
| Board of Education Fields                                | 410-313-6827 |
| Meadowbrook Park   | 410-313-2727 |

*When in doubt, call the immediate supervisor.*

## **POLICIES AND PROCEDURES**

All volunteers must familiarize themselves with the following departmental and program policies and procedures.

### **Dealing with Issues/Concerns**

When you have an issue or concern that you feel needs to be addressed, please follow the chain of command. For instance, if you are having a problem with another volunteer in a program or league, direct your concerns to the program director or head coach, then the Board of Directors. If your issue cannot be resolved at that level, contact the appropriate coordinator/supervisor at Recreation and Parks for assistance in resolving your issue/concern.

### **Public Relations**

While on duty you are representing the Howard County Department of Recreation and Parks. Treat the public with courtesy. Listen to requests, questions or complaints with interest and report them to your immediate supervisor. Ask for the person's name and phone number so your supervisor can call him or her. Be positive at all times.

Your conduct with participants and the public in general, can make or break our reputation. If you offer a quality program that insures the safety of participants, and enforce rules in a kind, yet



effective fashion, word will spread about the good work done by the Howard County Department of Recreation and Parks.

*Five points to ensure good public relations:*

- Keep the lines of communication open.
- Develop the best programs possible so that participants go home satisfied.
- Utilize every opportunity to share the highlights of your program with others.
- Use every medium of communication to convey your message.
- Think positive! Think success!

### **Relationship with Schools**

Virtually all recreation programs in the county are dependent upon close cooperation with the Department of Education. Every effort must be made to assure that no damage is done to the school building or grounds. Department of Education equipment and supplies should not be used in Recreation and Parks programs unless authorized by the school and your recreation coordinator or supervisor.

*Department of Recreation and Parks Responsibilities:*

- Ensure that areas used are in a safe and usable condition.
- Clean up in a timely fashion (i.e., wet mop when spills occur, wipe tables after snacks, remove paper from the floor, put trash in proper receptacles).
- Provide a period within the time allocated to the program that appropriate maintenance can be done. This must be mutually acceptable to each respective staff.
- If parents are late, remain with participants until everyone has left the facility.
- Bring any unsafe/dangerous condition to the attention of school personnel.

*Department of Education Responsibilities:*

- Restroom facilities in the area assigned will be cleaned, sanitized and stocked daily.
- Carpeted and tiled floors will be vacuumed/swept daily.
- Water fountains in the area will be cleaned and sanitized daily.
- Tile floors will be wet-mopped weekly.
- Trash will be emptied daily.

- Should parents be late in picking up their children, school personnel will remain on site and allow HCRP staff to remain inside until all participants have left.
- Provide the Recreational Licensed Child Care staff with cleaning supplies, i.e., broom, dust mop, wet mop and bucket, rags, vacuum cleaner, etc.

Smoking on school property is prohibited. THE USE OR SALE OF TOBACCO IN ANY FORM IS PROHIBITED IN SCHOOL BUILDINGS AND ON GROUNDS AT ALL TIMES. THE USING GROUP HAS THE CLEAR AND DEFINITE RESPONSIBILITY FOR ENSURING A TOBACCO-FREE ENVIRONMENT DURING THEIR USAGE.

### **Behavior Policy**

The following behavioral guidelines have been established to ensure successful participation. Participant and/or parents/guardians will be provided with information regarding the program's purpose through publicity channels.

Program expectations will be conveyed to the participants at the beginning of the program. Staff and volunteers will work cooperatively to create a positive climate which minimizes the potential for inappropriate behavior. When misbehavior occurs, modification techniques will be administered. However, under no circumstances are participants to be subjected to verbal or physical abuse by staff or volunteers.

Parents/guardians will be contacted if inappropriate behavior persists. The Department of Recreation and Parks reserves the right to limit, deny or expel a participant when the health and/or safety of the individual, other participants, staff, volunteers and/or the public are threatened. These decisions are made by the program coordinator or supervisor.

- Decisions of this nature may be made based on the following situations:
- Repeated and unresolved disciplinary problems that require excessive staff intervention. (Actions that persist after a behavior modification plan and agreement has been implemented.)
- Involvement in any activity that is contraindicated for medical reasons.
- Behavior that hinders the safe operation of a vehicle.
- Behavior that presents danger for the participant, other participants or the staff.

## **PARTICIPANT RULES OF CONDUCT**

The following will not be tolerated in any Recreation and Parks program:

- Food and beverage in unauthorized areas; glass containers are prohibited
- Smoking in building

- Soliciting or loitering
- Interference with employee or volunteer duties
- Harassment and/or inappropriate or indecent conduct or language
- Use of illegal drugs, intoxicants and weapons
- Parking in unauthorized areas; driving or parking in field areas
- Alteration or installation of equipment (basketball hoops, fences, margins, lining, etc.)
- Defacing property (indoors or outdoors)
- Any other conduct that may jeopardize the safety of others.

Specific rules may be added for individual programs and needs. These rules of conduct are in conjunction with the Howard County Board of Education.

## **CHILD ABUSE**

The crimes of child sexual and physical abuse are issues of great importance to the Department of Recreation and Parks and the protection of the children we serve is a high priority. *Under no circumstances may a volunteer take participants on an overnight trip without the consent of their immediate supervisor.*

Listen to children who complain to you about another child “bothering them” or touching them. Determine the nature of this contact and report suspicious or irregular behavior to the program coordinator. If you feel a child has been a victim of sexual or physical abuse at the site or elsewhere, including their home, it is recommended that you first contact your program coordinator or supervisor. However, any suspicions of child abuse may be reported directly by staff to Child Protective Services on 410-872-4204, ext 357.

### **Guidelines for Volunteers**

Behavior concerning child abuse, sexual abuse, physical abuse and neglect:

- Children are not permitted to sit in any leader’s or volunteer’s lap.
- Carrying a child is not permitted, except in an emergency.
- Inappropriate displays of affection are not allowed.
- Touching of personal/private areas is not allowed.
- Verbal comments/teasing is prohibited.

- No abusive or cruel language should ever be used.
- Forcing children into seats, shaking, grabbing and /or corporal punishment can be considered abusive.

NEVER PUT YOURSELF INTO A SITUATION WHERE YOUR BEHAVIOR COULD BE QUESTIONED.

## **BLOOD BORNE PATHOGENS**

When cleaning up blood or other body fluids after an accident, specific care and procedures must be followed at all times!

When any individual, whether an employee, participant in a County program or a member of the public has received treatment for an injury or been transported to a doctor or hospital, the job of protecting yourself and others from infectious blood borne diseases has just begun. A hazardous condition still exists until the following has been done:

- Blood or other body fluids must be removed from the area. The use of a spill solidifier can be used on liquids, such as blood, urine or vomit. Approximately one ounce of solidifier will treat approximately one quart of liquid. This product turns the liquid into a gel, which can then be scraped up and placed in a red “biohazard bag.” The area can be sanitized with a mixture of bleach and water. Use one part bleach to ten parts water. The use of germicidal cleaner with a deodorizer is an alternative method of cleaning up the area.
- Equipment surfaces (counter tops, desks, etc.) or other cleanable non-porous materials that have been contaminated also require cleaning and disinfecting. Follow the sanitizing procedure described above.
- Contaminated clothing must be removed, placed in a “biohazard bag” and washed separately with laundry soap and a disinfectant cleaner. Any blood or other body fluids must be thoroughly washed off skin surfaces.
- Mops, buckets or other cleaning utensils must be thoroughly cleaned and disinfected after being used to clean up blood or other body fluids.

# FORMS



# Howard County

## RECREATION & PARKS

### VOLUNTEER APPLICATION

If accepted, I agree to volunteer in the following *(If you are a volunteer coach, please list the organization's name):*

Program/Activity: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best way to contact you: ☐ Daytime Phone ☐ Evening Phone ☐ Cell Phone ☐ E-mail

Personal Information: ☐ I am 18 or older Date of Birth – (mm/dd/yyyy) \_\_\_\_\_

Contact information in case of emergency : Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Information: Are there any allergies, medical issues or disability concerns that we should be aware of?

Education: (check all that apply): ☐ High School Graduate ☐ Undergraduate Degree ☐ Graduate Degree

Employment Information (please check): ☐ Employed ☐ Unemployed ☐ Retired ☐ Student

Please list employer's name or school attending: \_\_\_\_\_

Occupation: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Please list any information that you consider pertinent to your interest in volunteering; including professional affiliations, School honors, skills, strengths, training and /or experience:

Do you have a family member participating in the program you are volunteering for? ☐ Yes ☐ No

If yes, please provide the name(s) of the participant(s): \_\_\_\_\_

Are you a returning volunteer? ☐ Yes ☐ No

**References:** We reserve the right to check references on all potential volunteers. Please list two people other than relatives who would be willing to serve as personal references who have known you for at least one year.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**General Information:** Affirmative response to the following question will not automatically exclude you from volunteering.

Have you ever been convicted of an offense in an adult court? No ☐ Yes ☐

If yes, please explain:

- I give Howard County department of Recreation and Parks permission to do a background check prior to my volunteer assignment. I understand that my volunteer service is contingent upon receiving satisfactory background check results.
- I understand that I will not be paid as a volunteer.
- **I understand that I will serve at the pleasure of the Appointing Authority of the Department/Agency (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause.**
- I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner.
- **I understand that as a volunteer, authorized by the Volunteer Coordinator, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as a volunteer. Howard County assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the County.**
- On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities.
- **Howard County Department of Recreation and Parks reserves the right to photograph programs and volunteers for publicity purposes.**

**Please attach a copy of your photo ID (Driver's License, Passport, government issued ID, School ID).**

**\*Please go to [www.howardcountymd.gov](http://www.howardcountymd.gov) to access the Volunteer Handbook.**

*I hereby certify that the information provided above is true and complete and I accept the terms and conditions of volunteering for Recreation and Parks.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*If volunteer is under 18 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Howard County Department of Recreation and Parks volunteer program.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

For Department Of Recreation And Parks Use Only:

Start date: \_\_\_\_\_

Length of Commitment: \_\_\_\_\_

Coordinator/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Howard County

## RECREATION & PARKS

### *VOLUNTEER AGREEMENT*

**If accepted, I agree to volunteer in the following**

**Program/Activity:** \_\_\_\_\_

*(If you are a coach, please list the organization's name)*

**Name (please print):** \_\_\_\_\_

**Email:** \_\_\_\_\_

I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that I will serve at the pleasure of the Appointing Authority of the Department/Agency (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause.

I understand that as a volunteer, authorized by the Volunteer Coordinator, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as a volunteer. Howard County assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the County.

On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities.

Howard County Department of Recreation and Parks reserves the right to photograph programs and volunteers for publicity purposes.

**Please attach a copy of your photo ID (Driver's License, Passport, government issued ID, School ID).**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 years of age)

For Department Of Recreation And Parks Use Only:

Start date: \_\_\_\_\_ Length of Commitment: \_\_\_\_\_

Coordinator/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# KROLL

## NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize **KROLL BACKGROUND AMERICA, INC. ("KROLL")** to procure an investigative consumer report on me for purposes of my volunteer work with Howard County Department of Recreation and Parks. I understand that this authorization and release shall be valid for subsequent investigative consumer reports during my period of association with Howard County Department of Recreation and Parks for the purpose of investigating any incidents of misconduct or criminal activity for which I am alleged to have been involved during my association with Howard County Department of Recreation and Parks.

These above-mentioned reports may include, but are not limited to, social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Howard County Department of Recreation and Parks, including, but not limited to any and all courts, public agencies, law enforcement agencies and, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared by **KROLL** of which I am the subject upon my written request to **KROLL**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my association with Howard County Department of Recreation and Parks may be terminated based on any false, omitted, altered or fraudulent information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

### IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

**Printed Name:**

\_\_\_\_\_

|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

**Other Names Used** (alias, maiden, nickname) \_\_\_\_\_ **Years Used** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

|                   |      |       |          |        |       |
|-------------------|------|-------|----------|--------|-------|
| Street /P. O. Box | City | State | Zip Code | County | Dates |
|-------------------|------|-------|----------|--------|-------|

**Former Address:** \_\_\_\_\_

|                   |      |       |          |        |       |
|-------------------|------|-------|----------|--------|-------|
| Street /P. O. Box | City | State | Zip Code | County | Dates |
|-------------------|------|-------|----------|--------|-------|

**Social Security Number:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_ **\*Gender** \_\_\_\_\_

## TIME CARD

- A time card must be completed each time you volunteer.
- Signed time cards are given to the program supervisor/director who forwards them to the Volunteer Coordinator.

### HOWARD COUNTY DEPARTMENT OF RECREATION AND PARKS VOLUNTEER TIME CARD

**Name:** \_\_\_\_\_ (Please print)

| Date | Day of Week | Name of Program | Time In/Out | # of Hours |
|------|-------------|-----------------|-------------|------------|
|      |             |                 |             |            |
|      |             |                 |             |            |
|      |             |                 |             |            |
|      |             |                 |             |            |
|      |             |                 |             |            |
|      |             |                 |             |            |
|      |             |                 |             |            |

**TOTAL HOURS** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Distribution:**

**White – Volunteer Coordinator**

**Yellow - Volunteer**

HOWARD COUNTY - DEPARTMENT OF RECREATION & PARKS  
INCIDENT REPORT

Page 1 of \_\_\_\_\_ pages

# \_\_\_\_\_ - \_\_\_\_\_  
year

PRINT PLEASE

|  |                                |                                    |  |
|--|--------------------------------|------------------------------------|--|
| REPORTED BY:                                       | DAY/DATE/TIME OCCURRED:        |                                    | DATE/TIME REPORTED:                      |
|  | AM                             |                                    | AM                                       |
| SITE/LOCATION:                                     | PM                             |                                    | PM                                       |
| <input type="checkbox"/> PERSONAL INJURY           | <input type="checkbox"/> OTHER | <input type="checkbox"/> VANDALISM | <input type="checkbox"/> PROPERTY DAMAGE |
| NAME:  |                                |                                    |  |
| ADDRESS:   |                                |                                    |  |
|  |                                |                                    | Telephone No:                            |
| Vehicle Tag No:                                    | YR                             | MAKE                               | Model                                    |
| Color  | Other:                         |                                    |  |
| Parent/Guardian Notified (Minors only - under 18): |                                |                                    |  |
| Hospital/Medical Contact:                          |                                |                                    |  |
| Officer's Name:                                    |                                | Police IR Number:                  |  |
| Witness Name                                       |                                | Telephone Number:                  |  |
| Address:   |                                |                                    |  |
| Witness Name                                       |                                | Telephone Number:                  |  |
| Address:   |                                |                                    |  |
| Description of Damage:                             |                                |                                    | Estimated Cost of Repairs:               |
|  |                                |                                    | Administrative \$ _____                  |
|  |                                |                                    | Material \$ _____                        |
|  |                                |                                    | Labor \$ _____                           |
|  |                                |                                    | Total \$ _____                           |
| Description of Incident:                           |                                |                                    |  |
|  |                                |                                    |  |
|  |                                |                                    |  |
|  |                                |                                    |  |
|  |                                |                                    |  |
|  |                                |                                    |  |
|  |                                |                                    |  |
|  |                                |                                    |  |
|  |                                |                                    |  |
| Action by Staff/Follow-up:                         |                                |                                    |  |
|  |                                |                                    |  |
| Parent/Guardian Signature _____                    |                                | Date _____                         |  |
| Employee's Signature _____                         |                                | Date _____                         |  |
| Supervisor's Signature _____                       |                                | Date _____                         |  |



**Department of Recreation and Parks**  
**PARTICIPANT ACCIDENT/INJURY REPORT FORM**

S \_\_\_\_\_  
NS \_\_\_\_\_

Organization/Program \_\_\_\_\_

Name of Injured Person \_\_\_\_\_ Approx. Age \_\_\_\_\_

Name of Parent/Legal Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home phone \_\_\_\_\_ Date/Time \_\_\_\_\_ Site \_\_\_\_\_

Nature of accident/injury (in detail; facts only) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body part injured: (indicate left, right, lower, back, front, etc.)

- |   |  |                                     |   |  |
|---|--|-------------------------------------|---|--|
| <input type="checkbox"/> Abdomen _____    | <input type="checkbox"/> Ear _____           | <input type="checkbox"/> Foot _____ | <input type="checkbox"/> Mouth _____                | <input type="checkbox"/> Stomach _____ |
| <input type="checkbox"/> Ankle _____      | <input type="checkbox"/> Elbow _____         | <input type="checkbox"/> Hand _____ | <input type="checkbox"/> Neck/Throat _____          | <input type="checkbox"/> Teeth _____   |
| <input type="checkbox"/> Arm _____        | <input type="checkbox"/> Eye _____           | <input type="checkbox"/> Head _____ | <input type="checkbox"/> Nose _____                 | <input type="checkbox"/> Toes _____    |
| <input type="checkbox"/> Back _____       | <input type="checkbox"/> Face _____          | <input type="checkbox"/> Knee _____ | <input type="checkbox"/> Scalp _____                | <input type="checkbox"/> Wrist _____   |
| <input type="checkbox"/> Chest/Ribs _____ | <input type="checkbox"/> Fingers/Thumb _____ | <input type="checkbox"/> Leg _____  | <input type="checkbox"/> Shoulder/Collar Bone _____ |  |
| <input type="checkbox"/> Other _____      |  |                                     |   |  |

Name of Staff Person taking action \_\_\_\_\_ Action taken \_\_\_\_\_

☐ Ambulance called \_\_\_\_\_ ☐ Dr. Care \_\_\_\_\_ ☐ EMT Response \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Parent notified: Date/Time \_\_\_\_\_

Hospital/Medical Contact \_\_\_\_\_

Witness Identification: Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

| <b>Signatures:</b>         | <b>Name</b> | <b>Date</b> |
|----------------------------|-------------|-------------|
| Injured person _____       |             | _____       |
| Person filing report _____ |             | _____       |
| Witness 1 _____            |             | _____       |
| Witness 2 _____            |             | _____       |
| Witness 3 _____            |             | _____       |
| Supervisor on duty _____   |             | _____       |
| Parent _____               |             | _____       |

**SERIOUS ACCIDENTS: FAX REPORTS TO DEPARTMENT HEADQUARTERS, 410-313-4646, ASAP**

*Up-dated: 04/28/2011*